

# DEPARTMENT OF REGULATORY AGENCIES

## Division of Registrations

### 3 CCR 716-1

#### CHAPTER XV

### RULES AND REGULATIONS FOR PRESCRIPTIVE AUTHORITY FOR ADVANCED PRACTICE NURSES

**BASIS:** The authority for the promulgation of these rules and regulations by the State Board of Nursing (“Board”) is set forth in Sections 12-38-108(1)(j) and 12-38-111.6 of the Colorado Revised Statutes (C.R.S.).

**PURPOSE:** Section 12-38-111.6(4.5), C.R.S. sets forth the legal requirements for an Advanced Practice Nurse (APN) to obtain prescriptive authority in Colorado. First, the APN must obtain Provisional Prescriptive Authority. Generally, those requirements are:

- Completion of a graduate degree in a nursing specialty
- Satisfactory completion of educational requirements as determined by the Board in the use of controlled substances and prescription drugs.
- National certification by a nationally recognized accrediting agency as determined by the Board in the Role/Specialty of the APN, unless the Board grants an exception;
- Professional liability insurance if required by Chapter XXI of the Board’s Rules and Regulations; and
- Completion of an 1800 hour Preceptorship with a Physician Preceptor or Physician Preceptor and RXN Preceptor.

Upon receiving Provisional Prescriptive Authority, the APN is legally authorized to prescribe medications to patients appropriate to the APN’s Role/Specialty and Population Focus. Within five years of receiving Provisional Prescriptive Authority the APN with prescriptive authority (hereinafter referred to as RXN-P) must:

- Complete an 1800 hour Mentorship with a Physician Mentor or Physician Mentor and RXN Mentor; and
- Develop an Articulated Plan for safe prescribing.

If the RXN-P does not complete these additional requirements within five years of receiving Provisional Prescriptive Authority such authority will expire for failure to comply with statutory requirements.

The purpose of these rules is to further clarify each of the statutory requirements, with the exception of professional liability insurance, which can be found in Chapter XXI of the Board’s Rules and Regulations. These rules apply only to the prescribing relationship and should not be construed to govern other relationships between APNs and health care providers in other situations.

#### 1 DEFINITIONS

- 1.1 Accrediting Agency: An organization that establishes and maintains standards for professional nursing programs and recognizes those programs that meet these standards and is recognized by US Department of Education (USDE) and/or the Council for Higher Education Accreditation (CHEA), including the Commission on Collegiate Nursing Education (CCNE), National League for Nursing Accrediting Commission (NLNAC), Council on Accreditation of Nurse Anesthesia Educational Programs (COA), Accreditation Council for Midwifery Education of the American College of Nurse Midwives, and the National Association of Nurse Practitioners in Women’s Health Council on Accreditation.

- 1.2 Advanced Practice Nurse (APN): A professional nurse who meets the requirements of Section 12-38-111.5, C.R.S. and who obtained specialized education or training and is included on the Advanced Practice Registry.
- 1.3 Advanced Practice Registry (APR): The Board's record of those professional nurses who are granted APN status by the Board in accordance with Section 12-38-111.5, C.R.S. and Chapter XIV of the Board's Rules and Regulations.
- 1.4 Applicant: An APN seeking Provisional Prescriptive Authority in the same Role/Specialty and Population Focus for which the APN was recognized on the APR.
- 1.5 Articulated Plan: A written document that includes a strategy for safe prescribing and outlines how the RXN intends to maintain ongoing collaboration with physicians and other health care professionals in connection with the RXN's practice of prescribing medications within the RXN's Role/Specialty and Population Focus.
- 1.6 Board: The State Board of Nursing
- 1.7 Certifying Body: A non-governmental agency approved by the Board that validates by examination, based on pre-determined standards, an individual nurse's qualifications and knowledge for practice in a defined functional or clinical area of nursing.
- 1.8 DEA: Drug Enforcement Administration
- 1.9 Disciplinary Sanction: Any current restriction, limitation, or condition on a Physician Preceptor's or Physician Mentor's medical license or on an RXN Preceptor's or RXN Mentor's nursing license, including confidential participation in a peer health assistance or an alternative to discipline program authorized by the mentor or preceptor's licensing board.
- 1.10 Full Prescriptive Authority: The authority granted to the RXN to prescribe medications upon completion of the required Mentorship and development of an Articulated Plan in accordance with the Role/Specialty and Population Focus of the RXN. Prescribing with Full Prescriptive Authority will be in accordance with the RXN's Articulated Plan.
- 1.11 Mentorship: A formal, Mutually Structured relationship between an RXN-P, as defined in Section 1.24 below, and a Physician Mentor or Physician Mentor and RXN Mentor to further the RXN-P's knowledge, skill, and experience.
- 1.12 Mutually Structured: A written plan for a Preceptorship or a Mentorship that is developed and implemented together and agreed upon by all preceptors or mentors and the Applicant or RXN-P.
- 1.13 Pathophysiology: A minimum of three (3) semester hours or four (4) quarter hours completed at the graduate or post-graduate level in an accredited nursing program for which graduate credit has been awarded with an emphasis appropriate to the Role/Specialty and/or Population Focus of the APN, including but not limited to pathophysiological processes of all body systems.
- 1.14 Pharmacology: A minimum of three (3) semester credit hours or four (4) quarter hours completed at the graduate or post-graduate level in an accredited nursing program for which graduate credit has been awarded with an emphasis appropriate to, but need not be identical to the Role/Specialty and Population Focus of the APN, including but not limited to the study of pharmacotherapeutics and pharmacokinetics of broad categories of pharmacological agents.
- 1.15 Physical Assessment: A minimum of three (3) semester hours or four (4) quarter hours completed at the graduate or post-graduate level in an accredited nursing program for which graduate credit has been awarded with an emphasis appropriate to the Role/Specialty and/or Population Focus of the APN, including but not limited to comprehensive history taking; physical and psychological assessment of signs and symptoms; pathophysiological and psychopathological status of the patient; and development of a clinical diagnosis and disease management.

- 1.16 Physician Mentor: A person who holds a license to practice medicine in Colorado or a physician who is otherwise exempted from licensure pursuant to Section 12-36-106, C.R.S. The physician's license must be in good standing without Disciplinary Sanction as defined in Section 1.9 above. The Physician Mentor must be actively practicing medicine in the State of Colorado and shall have education, training, experience and a practice that corresponds with but need not be identical to the Role/Specialty and Population Focus of the RXN-P. The Physician Mentor must also have an unrestricted DEA registration for the same controlled substance schedules as the RXN-P being mentored.
- 1.17 Physician Preceptor: A person who holds a license to practice medicine in Colorado or a physician who is otherwise exempted from licensure pursuant to Section 12-36-106, C.R.S. The physician's license must be in good standing without Disciplinary Sanction as defined in Section 1.9 above. The Physician Preceptor must be actively practicing medicine in the State of Colorado and shall have education, training, experience and a practice that corresponds with but need not be identical to the Role/Specialty and Population Focus of the Applicant. The Physician Preceptor must also have an unrestricted DEA registration.
- 1.18 Population Focus: A broad area of study encompassing the common problems of a specific group of patients and the likely co-morbidities, interventions and responses to those problems including, but not limited to, the following areas of practice: Family/individual across the life span; adult-gerontology; neonatal; pediatrics; women's health/gender related; psych-mental health. A Population Focus is not defined as a specific disease, health problem or intervention.
- 1.19 Preceptorship: A Mutually Structured, individualized period of practical experience and training between an Applicant and a Physician Preceptor or Physician Preceptor and RXN Preceptor that does not require a set curriculum but is designed to further the Applicant's knowledge, skill, and experience.
- 1.20 Prescription Order: Any order authorizing the dispensing of a single drug or device that is written, mechanically produced, computer generated and signed by a legally authorized prescriber, transmitted electronically or by facsimile, or produced by other means of communication to a licensed pharmacy or pharmacist and that includes the name or identification of the patient, the date, the symptom or purpose for which the drug is being prescribed, if included at the patient's authorization, and sufficient information for compounding, dispensing and labeling.
- 1.21 Provisional Prescriptive Authority: The authority granted to the Applicant to prescribe medications upon completion of the required Preceptorship in accordance with the Role/Specialty and Population Focus of the RXN. Prescribing with Provisional Prescriptive Authority requires that a Mutually Structured Mentorship exist between the RXN-P and a Physician Mentor or Physician Mentor and RXN Mentor.
- 1.22 Role/Specialty: The advanced practice area or position for which the Applicant has been prepared including nurse practitioner (NP), certified nurse midwife (CNM), certified registered nurse anesthetist (CRNA), and/or clinical nurse specialist (CNS).
- 1.23 RXN: An APN who is listed on the APR and who has been granted Full Prescriptive Authority by the Board.
- 1.24 RXN Mentor: A professional nurse who has met the qualifications for an APN, is included on Colorado's APR, has Full Prescriptive Authority in Colorado, and has experience prescribing medications. The RXN Mentor's nursing license must be without Disciplinary Sanction as defined in Section 1.9 above. The RXN Mentor shall have an active practice in Colorado and shall have education, training, experience and a practice that corresponds with, but need not be identical to, the Role/Specialty and Population Focus of the RXN-P. The RXN Mentor must also have an unrestricted DEA registration for the same controlled substance schedules as the RXN-P.
- 1.25 RXN Preceptor: A professional nurse who has met the qualifications as an APN, is included on Colorado's APR, has Full Prescriptive Authority in Colorado, and has experience prescribing

medications. The RXN Preceptor's nursing license must be without Disciplinary Sanction as defined in Section 1.9 above. The RXN Preceptor shall have an active practice in Colorado and shall have education, training, experience and a practice that corresponds with, but need not be identical to, the Role/Specialty and Population Focus of the Applicant.

- 1.26 RXN Provisional (RXN-P): An APN who is listed on the APR and who has been granted Provisional Prescriptive Authority by the Board.
- 1.27 Unencumbered: No current restriction to practice in the state of Colorado.

## **2 EDUCATIONAL REQUIREMENTS FOR PRESCRIPTIVE AUTHORITY**

- 2.1 An Applicant for prescriptive authority must have successfully completed a graduate degree or post-graduate nursing degree in the Role/Specialty and Population Focus for which the Applicant seeks prescriptive authority. Such coursework shall include a minimum of three (3) graduate semester hours or four (4) quarter hours in each of the following: Pathophysiology, Pharmacology and Physical Assessment. The coursework in Pharmacology shall include education on prescribing drugs and controlled substances.
- 2.2 The transcript shall verify date of course completion, grade and credits awarded. Applicants must provide copies of course descriptions or course syllabi when the required coursework in Physical Assessment, Pathophysiology, and Pharmacology is integrated into broad categories of advanced practice courses or when course titles do not accurately reflect course content.
  - 2.2.1 Letters of verification are generally not accepted documentation for the educational requirements of Physical Assessment, Pathophysiology, and Pharmacology, however, the Applicant may petition the Board on a case-by-case basis for a waiver. The decision to grant or deny such waiver shall be at the sole discretion of the Board.

## **3 NATIONAL CERTIFICATION REQUIREMENT**

- 3.1 Pursuant to Section 12-38-111.6 (4.5)(a)(III) C.R.S., a professional nurse applying for prescriptive authority must obtain and maintain national certification from a recognized Accrediting Agency in the corresponding Role/Specialty and Population Focus for which the APN is applying for prescriptive authority.
  - 3.1.1 If the Applicant cannot meet the requirements above, the Applicant may petition the board for an exception. Exceptions will be reviewed on a case-by-case basis. The decision to grant or deny such exception shall be at the sole discretion of the Board.
- 3.2 Certification requirements for Certified Registered Nurse Anesthetist (CRNA): Certified Registered Nurse Anesthetist (CRNA) must pass the national certification examination as administered by the Council on Certification of Nurse Anesthetists. Documentation required shall be verification of current certification or recertification from the Council on Certification of Nurse Anesthetists or the Council on Recertification of Nurse Anesthetists, as approved by the Board.
- 3.3 Certification Requirements for Certified Nurse-Midwife (CNM): A Certified Nurse-Midwife must meet the standards for education and certification established by the American College of Nurse-Midwives American Midwifery Certification Board (AMCB) formerly known as ACNM Certification Council (ACC, Inc.). Documentation required shall be verification of status as a current holder of an AMCB certificate.

## **4 PRECEPTORSHIP REQUIREMENTS**

- 4.1 To obtain Provisional Prescriptive Authority, the Applicant must complete a Mutually Structured post-graduate Preceptorship of not less than 1800 hours. The Preceptorship must be completed

within the five (5) year period immediately preceding the filing of the application for Provisional Prescriptive Authority. The Preceptorship shall be conducted with either a Physician Preceptor or a Physician Preceptor and RXN Preceptor [hereinafter referred to as preceptor(s)] as defined in Section 1.

- 4.2 The Preceptorship shall occur in a clinical setting that corresponds to the Applicant's Role/Specialty and Population Focus and shall include, but not be limited to, precepted experience in pharmacological management; advanced Pharmacology; and precepted experience with specific drugs relevant to the Role/Specialty, Population Focus and scope of practice of the Applicant.
- 4.3 Interaction between the Applicant and the preceptor(s) shall occur at least weekly and more frequently if appropriate to provide for patient safety. If the Preceptorship is with a Physician Preceptor and RXN Preceptor, the Physician Preceptor must participate in a minimum of one (1) meeting per month.
- 4.4 During the Preceptorship all Prescription Orders must be signed or otherwise legally authorized by a preceptor or another person with full prescriptive authority.
- 4.5 The Applicant and all preceptor(s) shall provide documentation of completion of the Preceptorship as requested by the Applicant to complete the Board's Provisional Prescriptive Authority application process. The preceptor(s) shall not, without good cause, withhold signature or otherwise fail to provide timely documentation of completion of the Preceptorship. Upon successful completion of the application process, the Applicant may be granted Provisional Prescriptive Authority.
- 4.6 If a circumstance such as retirement, illness, relocation or other event precludes the Physician Preceptor from continuing in the Preceptorship, the Applicant shall secure a replacement Physician Preceptor and enter into a new, Mutually Structured Preceptorship. Any hours accrued during the period of time in which the Applicant does not have a Physician Preceptor will not be credited toward completion of the 1800 hour Preceptorship.
- 4.7 The preceptor(s) shall not require payment or employment as a condition of entering into the preceptor relationship. The Preceptorship should not be financially burdensome to either party. In recognition of the preceptor(s) time and expertise, reasonable expenses may be paid. Compensation by the Applicant to the preceptor(s) should be agreed upon as part of the Mutually Structured Preceptorship, shall comply with standards of fair market value, and shall not be onerous or otherwise present a barrier to completion of the Preceptorship.

## **5 MENTORSHIP REQUIREMENTS**

- 5.1 To obtain Full Prescriptive Authority, the RXN-P must complete an additional 1800 hours of documented experience in a Mentorship. The Mentorship shall be conducted with either a Physician Mentor or a Physician Mentor and RXN Mentor [hereinafter referred to as mentor(s)] as defined in Section 1. The mentor(s) need not be the same person(s) who was the preceptor(s) for the RXN-P. The Mentorship must be completed within five (5) years after Provisional Prescriptive Authority is granted.
- 5.2 The Mentorship shall contain the following elements:
  - 5.2.1 Is documented in writing and signed by the RXN-P and all mentor(s).
  - 5.2.2 Outlines a process and frequency for ongoing interaction and discussion of prescriptive practice throughout the Mentorship between all mentor(s) and the RXN-P to provide for patient safety.
- 5.3 The Mentorship document shall be retained for a period of three (3) years by the RXN and the mentor(s) following completion of the Mentorship and shall be available to the Board upon request.

- 5.4 The RXN-P and all mentor(s) shall provide documentation of completion of the Mentorship as requested by the RXN-P to complete the Board's process to obtain Full Prescriptive Authority. The mentor(s) shall not, without good cause, withhold signature or otherwise fail to provide timely documentation of completion of the Mentorship. Upon successful completion of this process, including but not limited to the Articulated Plan as set forth in Section 6 of these Rules, the RXN-P may be granted Full Prescriptive Authority.
- 5.5 If a circumstance such as retirement, illness, relocation or other event precludes any Physician Mentor from continuing in the Mentorship, the RXN-P shall secure a replacement Physician Mentor and enter into a new, Mutually Structured Mentorship. Any hours accrued during the period of time in which the RXN-P does not have a Physician Mentor will not be credited toward completion of the 1800 hour Mentorship.
- 5.6 The mentor(s) shall not require payment or employment as a condition of entering into the mentor relationship. The Mentorship relationship should not be financially burdensome to either party. In recognition of the mentor(s) time and expertise, reasonable expenses may be paid. Compensation by the RXN-P to the mentor(s) should be agreed upon as part of the Mutually Structured Mentorship, shall comply with standards of fair market value, and shall not be onerous or otherwise present a barrier to completion of the Mentorship.

## **6 ARTICULATED PLAN**

- 6.1 To obtain Full Prescriptive Authority, the RXN-P must develop an Articulated Plan for safe prescribing within five (5) years after Provisional Prescriptive Authority is granted. All of the RXN-P's mentors are required to provide a one-time signature on the Articulated Plan to verify that the RXN-P has developed the plan for safe prescribing in accordance with these Rules.
- 6.2 The Articulated Plan shall contain the following elements:
  - 6.2.1 Is in writing and is signed by the RXN-P and all mentors at the time of initial development.
  - 6.2.2 Documents a mechanism for consultation or collaboration with physicians and other appropriate health care providers and a mechanism for referral, when appropriate, to physicians and other appropriate health care providers for issues regarding prescribing.
    - 6.2.2.1 Such documentation shall include a written statement or plan that delineates the resources or contacts available to assist the RXN with regard to issues relating to safe prescribing and prescriptive authority.
    - 6.2.2.2 Such documentation shall also include a written statement or plan for the maintenance of ongoing collaboration with other health care professionals with regard to issues relating to safe prescribing and prescriptive authority.
  - 6.2.3 Sets forth a quality assurance plan for safe prescribing.
    - 6.2.3.1 A quality assurance plan is an individualized process by which an RXN seeks to evaluate the efficacy and quality of his or her prescribing practices. Such measures may include, but are not limited to, peer review, periodic chart audits, prescription audits on the Colorado Prescription Drug Monitoring Program, use of an electronic decision support system and utilization review. The quality assurance plan shall relate to the RXN's specific Role/Specialty and Population Focus.
  - 6.2.4 Identifies decision support tools the RXN may utilize for prescribing medications.
    - 6.2.4.1 A decision support tool is an assistive tool commonly recognized by healthcare professionals as a valid resource for information on pharmaceutical agents or to aid the RXN in making appropriate judgments regarding safe prescribing. Such

tools may include, but are not limited to, electronic prescribing databases, evidenced-based guidelines, antimicrobial reference guides, professional journals and textbooks.

6.2.5 Documents the RXN's ongoing continuing education in pharmacology and safe prescribing.

6.2.5.1 Such documentation shall include a personal record of the RXN's participation in programs with content relevant to the RXN's prescribing practice. This may include academic courses, programs by entities offering continuing education credit under nationally recognized educational program standards (e.g. ANCC), and educational content on safe prescribing-pharmacology offered by professional healthcare organizations and associations, and programs with relevant content. Certificates of attendance, information on program content, and objectives or copies of presentations may serve as verification documents.

6.2.6 Documents that reviews of the Articulated Plan have occurred at least annually after Full Prescriptive Authority has been granted by the Board and for as long as the RXN holds Full Prescriptive Authority in Colorado. A physician is not responsible for conducting the annual review of the Articulated Plan; such responsibility shall reside with the RXN.

6.3 The Articulated Plan shall be retained by the RXN, shall be available to the Board upon request, and shall be reviewed annually and appropriately updated by the RXN.

6.4 The RXN-P and all mentors shall provide documentation of development of the initial Articulated Plan as requested by the RXN-P to complete the Board's process for obtaining Full Prescriptive Authority. The mentor(s) shall not, without good cause, withhold signature or otherwise fail to provide timely documentation of completion of the initial Articulated Plan. Upon development of the Articulated Plan and successful completion of the Mentorship as set forth in Section 6 of these Rules, the RXN-P may be granted Full Prescriptive Authority by the Board.

## **7 OTHER REQUIREMENTS**

7.1 An RXN must hold a valid DEA registration to prescribe controlled substances. As required by the DEA, the RXN must have a separate DEA registration for each practice location at which controlled substances are stored.

7.2 Pursuant to Section 12-38-111.6 (8)(c)(II), C.R.S., nothing in these Rules shall be construed to require a registered nurse to obtain prescriptive authority to deliver anesthesia care.

7.3 Pursuant to Section 12-38-111.6(10), C.R.S., nothing in these Rules shall be construed to permit dispensing or distribution, as defined in Section 12-22-102, C.R.S., by an RXN, except for receiving and distributing a therapeutic regimen of prepackaged drugs prepared by a licensed pharmacist or drug manufacturer registered with the FDA and appropriately labeled, free samples supplied by a drug manufacturer, and distributing drugs for administration and use by other individuals as authorized by law.

## **8 REQUIREMENTS FOR AN ADVANCED PRACTICE NURSE WITH PRESCRIPTIVE AUTHORITY IN COLORADO PRIOR TO JULY 1, 2010 TO RETAIN PRESCRIPTIVE AUTHORITY**

8.1 Pursuant to Section 12-38-111.6 (4.5) (c), C.R.S., an APN who was granted Prescriptive Authority in Colorado prior to July 1, 2010 must complete an Articulated Plan as set forth in Section 6 of these rules by July 1, 2011 in order to retain Prescriptive Authority. If the APN fails to meet the requirements of Section 6 of these rules within the specified period, the APN's Provisional Prescriptive Authority will expire for failure to comply with the statutory requirements.

- 8.2 Pursuant to Section 12-38-111.6 (4.5) (c) (I), C.R.S., an APN who was granted prescriptive authority prior to July 1, 2010 and expired on July 1, 2011 for failure to comply with the statutory requirements shall be granted an extended deadline.
- 8.2.1 No later than September 30, 2012, the APN shall submit an application, required fee and a signed attestation that he or she had developed an articulated plan by or had an existing collaborative agreement with a physician on July 1, 2011.
- 8.2.2 No later than September 30, 2012, the APN will submit an attestation stating she or he has developed an articulated plan as set forth in Section 6 of these rules.
- 8.2.3 If the APN fails to comply with the requirements set forth in this Section 8 of these rules, the APN's Prescriptive Authority will remain expired.

**9 REQUIREMENTS FOR AN ADVANCED PRACTICE NURSE WITH PRESCRIPTIVE AUTHORITY IN ANOTHER STATE TO OBTAIN PROVISIONAL AND/OR FULL PRESCRIPTIVE AUTHORITY IN COLORADO**

- 9.1 Pursuant to Section 12-38-111.6(4.5)(d), C.R.S., an Applicant for Provisional Prescriptive Authority who has had prescriptive authority in another state must be listed on the APR in Colorado and:
- 9.1.1 Meet the requirements as set forth in Sections 2 and 3 of these rules;
- 9.1.2 Provide evidence of 3600 hours of documented experience prescribing medications in a manner approved by the Board. The acceptance of the documented hours of experience prescribing medications is at the sole discretion of the Board;
- 9.1.2.1 If the Applicant has less than 1800 hours documented hours of prescribing, the Applicant shall follow the requirements for Preceptorship and Mentorship as set forth in Sections 4 and 5 of these rules. Previous documented hours may be applied to meet the requirements. Such documentation shall be provided in a manner approved by the Board and the acceptance of the hours is at the sole discretion of the Board.
- 9.1.2.2 If the Applicant has more than 1800 hours but less than 3600 hours documented hours of prescribing, the Applicant shall follow the requirements for Mentorship requirements as set forth in Section 5 of these rules. Previous documented hours may be applied to meet the requirements. Such documentation shall be provided in a manner approved by the Board and the acceptance of the hours is at the sole discretion of the Board.
- 9.1.3 Has not had significant adverse prescribing issues as determined by the Board; and
- 9.1.4 Complete an Articulated Plan as set forth in Section 6 of these rules.
- 9.2 In lieu of the requirements as set forth in Section 9.1 above, the Applicant may petition the Board for an exception. Exceptions will be reviewed on a case-by-case basis and must demonstrate a comparable basis for meeting the requirements of Section 2 of these rules. The decision to grant an exception shall be at the sole discretion of the Board. In addition to the exception requested for Section 2 of these rules, the Applicant shall meet the following requirements:
- 9.2.1 Provide evidence of 3600 hours of documented experience prescribing medications in a manner approved by the Board. The acceptance of the documented hours of experience prescribing medications is at the sole discretion of the Board; and
- 9.2.2 Complete an Articulated Plan as set forth in Section 6 of these rules.

## **10 REINSTATEMENT AND REACTIVATION OF PRESCRIPTIVE AUTHORITY**

- 10.1 The nurse must possess an active, Colorado or multi-state compact professional nurse license that is in good standing and without disciplinary sanction as defined in Section 1.9, and have reinstated or reactivated the Role/Specialty and Population Focus on the APR for which the nurse wishes to reinstate or reactivate Full Prescriptive Authority except when it is in accordance with a Final Agency Order.
- 10.2 A nurse applying to reinstate or reactivate Full Prescriptive Authority must complete the reinstatement or reactivation application and meet the requirements as set forth in Section 2 of these Rules
  - 10.2.1 If a nurse with Provisional Prescriptive authority fails to meet the requirements as set forth in Section 12-38-111.6 C.R.S., and the Provisional Prescriptive Authority expires by operation of law, the nurse must complete a new application for Provisional Prescriptive Authority and meet the current requirements as set forth in Section 2 and 3 of these Rules.
- 10.3 A nurse whose Provisional or Full Prescriptive Authority is surrendered or revoked as part of a disciplinary action must complete a new application and meet all requirements as set forth in these Rules for prescriptive authority.

## **11 RENEWAL OF PRESCRIPTIVE AUTHORITY**

- 11.1 Renewal of Provisional or Full Prescriptive Authority is required at the time of the RXN's professional nurse license renewal in Colorado. Multi-state compact licensed professional nurses granted Provisional or Full Prescriptive Authority by the Board shall be required to renew the Provisional or Full Prescriptive Authority every two years and shall be issued a specific expiration date for the Prescriptive Authority.

## **12 WITHDRAWAL OF PROVISIONAL OR FULL PRESCRIPTIVE AUTHORITY**

- 12.1 An RXN may request that the Provisional or Full Prescriptive Authority be voluntarily withdrawn. If Provisional or Full Prescriptive Authority has been withdrawn, and the APN wishes to reapply for Provisional or Full Prescriptive Authority, the nurse must file a new application and meet all requirements as set forth in these Rules.
- 12.2 The Board may withdraw Provisional or Full Prescriptive Authority if the APN no longer meets the requirements for Provisional or Full Prescriptive Authority or the APN is subject to discipline under Section 12-38-117, C.R.S., in accordance with the procedures set forth in Section 12-38-116.5, C.R.S.

## **13 DISCIPLINE OF ADVANCED PRACTICE NURSES WITH PRESCRIPTIVE AUTHORITY**

- 13.1 RXN disciplinary proceedings shall be the same as set forth in Sections 12-38-116.5, C.R.S., and the grounds for discipline are as set forth in 12-38-117, C.R.S.

## **14 NOTIFICATION**

- 14.1 The Director of the Division of Registrations shall be informed of any proposed changes to these rules.

Approved: January 27, 2010

Effective: July 1, 2010

Revised: July 25, 2012

Effective: September 14, 2012